

**EXHIBIT C**  
**DEPOSITION EXCERPTS OF KATINA**  
**RUE, DO.**

Vorgias vs Community Health of Central Washington

Katina Rue, D.O. 11/10/2021

1 UNITED STATES DISTRICT COURT  
2 EASTERN DISTRICT OF WASHINGTON  
3

4 DEMETRIOS VORGIAS, )  
5 Plaintiff, )  
6 v. ) NO. 1:21-CV-03013-SAB  
7 COMMUNITY HEALTH OF CENTRAL )  
8 WASHINGTON, )  
9 Defendant. )

10 VIDEOCONFERENCE DEPOSITION UPON ORAL EXAMINATION OF  
11

12 KATINA RUE, D.O.

13 November 10, 2021  
14 9:05 a.m.  
15 Via Videoconference  
16  
17  
18

19 TAKEN AT THE INSTANCE OF THE PLAINTIFF  
20  
21

22 CERTIFIED COPY  
23

24 REPORTED REMOTELY BY:  
25 DANI WHITE, CCR NO. 3352



Central Court Reporting 800.442.3376

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23  
24  
25



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I N D E X

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VORGIAS v. COMMUNITY HEALTH OF CENTRAL WASHINGTON  
NO. 1:21-CV-03013-SAB  
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T E S T I M O N Y

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KATINA RUE, D.O.

PAGE NO.

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Examination by Mr. Pickett

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E X H I B I T S

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Exhibit No. 10, Email for Pre-reading for CARED 73  
Committee Meeting 2/13/19 RE: Dr. Rue  
request for neuropsych eval.

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Exhibit No. 13, CARED Meeting Notes 4/17/19 81

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Exhibit No. 15, Email 4/23/19 41

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1 Q. Okay. And so when you said you were, are you  
2 still the associate program director?

3 A. I left Community Health of Central Washington in  
4 February of this year as a full-time faculty.

5 Q. Okay. And I apologize, that broke up on my  
6 transmission. Could you restate that answer again?

7 A. I left Community Health of Central Washington on  
8 February 1st as a full-time faculty.

9 Q. Okay. You said you "left," you mean you no  
10 longer are with Community Health of Central Washington;  
11 is that true?

12 A. That is true.

13 Q. Okay. And can you just tell me a little bit why  
14 you left or decided to leave?

15 A. There were some family issues I had going on,  
16 and it was in the best interest of my family to no  
17 longer maintain my employment at Central Washington  
18 Family Medicine.

19 Q. Okay. And you were -- I take it you resigned or  
20 quit or how did you depart? How did you separate from  
21 them?

22 A. I departed after discussion with the CEO  
23 regarding my option for further employment there. And I  
24 was able to depart the job with a six-month severance  
25 pay.



1 employment due to the family stressors I was having at  
2 the time.

3 Q. Okay. And who proposed the separation, was it  
4 you or was it Community Health of Central Washington?  
5 The separation of employment, who proposed it?

6 A. Community Health of Central Washington after  
7 discussion previously.

8 Q. Okay. And can you tell me what -- why they  
9 proposed the separation for you from their employment?

10 MR. BAILEY: Calls for speculation.

11 A. I'm not exactly clear why they proposed a  
12 separation. There was considerable stress within the  
13 department at the time and that may have led to the  
14 proposal.

15 Q. (By Mr. Pickett) Can you identify, Dr. Rue,  
16 what was the considerable stress in the department at  
17 the time that may have led Community Health of Central  
18 Washington to propose a separation agreement to you?

19 A. There was significant stress between myself and  
20 Dr. Isaacs and other faculty and leadership members and  
21 Dr. Isaacs that was unable to be resolved through  
22 discussions.

23 Q. And can you identify a little more specifically,  
24 what was the considerable stress between you and  
25 Dr. Isaacs?



1           A. Lack of communication.

2           Q. And expand on that a little, if you will. What  
3 do you mean when you say "lack of communication"?

4           A. Dr. Isaacs had not spoken to me for four months  
5 despite reaching out to HR and the chief experience  
6 officer to assist with improved communication between  
7 the program director and the associate program director.

8           Q. Okay. So at the time, Dr. Isaacs was serving as  
9 the program director and you were still serving as the  
10 associate program director, true?

11          A. That is true.

12          Q. And he hadn't spoken to you for four months.  
13 Can you give us the time frame, that four-months gap in  
14 time where you indicated Dr. Isaacs had not communicated  
15 with you?

16          A. October 20th was the last time of 2020.

17          MR. BAILEY: Hey, Bill. I'm sorry, I need a  
18 quick break. If we could just have a couple of minutes  
19 here. I apologize. I can be back in -- probably at  
20 9:20.

21          MR. PICKETT: Dr. Rue, we're going to --  
22 Mr. Bailey has left the room so we're going to pause for  
23 a moment.

24                 (Mr. Bailey took a break at 9:15 a.m.)

25          THE WITNESS: Okay. Should I turn off my camera



1 during the break?

2 MR. PICKETT: We're going to -- we're all going  
3 to stay here. He said something came up. He's taking a  
4 five-minute break so we're going to pause and just stay  
5 right here. Thank you.

6 THE WITNESS: Okay.

7 MR. PICKETT: So we'll stay on the record, Dani.  
8 And we will note the time of his departure, Dani, and  
9 the time of his return, please.

10 MR. VORGIAS: Good to see you, Bill.

11 MR. PICKETT: Good to see you, Demetrios.  
12 You're looking well.

13 MR. VORGIAS: I'm trying to grow this out.

14 MR. PICKETT: I know. I see that.

15 MR. BAILEY: All right. I'm ready.

16 (Mr. Bailey returned from break at 9:20 a.m.)

17 MR. PICKET: Okay. Dani, will you just note  
18 Mr. Bailey's back online again? Thank you.

19 Q. (By Mr. Pickett) Dr. Rue, we were discussing  
20 your last testimony was October 20, 2020, and I'm trying  
21 to decipher what that date means in terms of the  
22 four-month time period where there was a lack of  
23 communication between you and Dr. Isaacs.

24 A. There was a considerable disconnect in our  
25 communication prior to that time, and October 20 was the





1 last date that he had any direct communication with me.

2 Q. Okay. And what did he say -- what was his  
3 communication on October 20, 2020?

4 A. I don't recall the details of that communication  
5 that we had.

6 Q. Okay. Can you generally tell me what was the  
7 nature of the discussion?

8 A. I don't recall the nature of our discussion on  
9 that day.

10 Q. Okay. On -- let me ask you: Is there -- I  
11 should have asked you this -- and I apologize -- at the  
12 beginning, where are you today for your deposition?

13 A. I'm in my home.

14 Q. Okay. And is -- I know other than your dog that  
15 we had heard earlier, who's there being very quiet now,  
16 is anyone else with you?

17 A. No. There's no one else here.

18 Q. Okay. Is there anyone communicating with you  
19 while you're doing -- giving this deposition?

20 A. No, there's no one communicating with me while  
21 I'm giving this deposition.

22 Q. Okay. Did anyone communicate with you during --  
23 during the break that we just took?

24 A. I did communicate with Nate during the break.

25 Q. Okay. And how -- and how did that communication



1 with Nate -- with Mr. Bailey during the break, how did  
2 that occur?

3 A. Via my cell phone.

4 Q. Meaning did you communicate by text or by a --  
5 by a phone call, how did that happen during the break?

6 A. During the break, I received a text from a  
7 number that appeared to be Nate's number so I responded  
8 to the text since we were on the break and we had  
9 discussed that we could communicate during breaks.

10 Q. So how long after Mr. Bailey took the break and  
11 took himself off the screen, how long after that did you  
12 start communicating with him during the break?

13 A. I didn't --

14 MR. BAILEY: So I'm going to object to this line  
15 of questioning. It's not relevant at all to the  
16 proceeding today.

17 Q. (By Mr. Pickett) Go ahead, Doctor.

18 A. I did not note the time that the text came  
19 through.

20 Q. Okay. How long was the communication and was it  
21 all in text? Let me strike that.

22 How long was the communication?

23 A. The communication was under 30 seconds.

24 Q. Okay. And was it all by text or otherwise?

25 A. Via text and phone call.



1 Q. Okay. So there was a text message from  
2 Mr. Bailey during -- when he took himself out on the  
3 break, true?

4 A. True.

5 Q. And then there was a phone call from Mr. Bailey  
6 when he took himself out on the break?

7 A. True.

8 Q. And you responded to both of those, both his  
9 text and his phone call, during the time in which he  
10 took himself off screen and took a break?

11 A. Yes.

12 Q. Okay. The four-month period of time that you  
13 described as a lack of communication between you and  
14 Dr. Isaacs, would that have been roughly July of 2020 to  
15 October of 2020?

16 A. Yes.

17 Q. Okay. Why -- and I need to know your best --  
18 best thoughts or recollection as to why there was a lack  
19 of communication between you and Program Director Isaacs  
20 at that period of time.

21 MR. BAILEY: Objection. Calls for speculations.

22 Q. (By Mr. Pickett) Go ahead.

23 A. I'm not really sure why there was a lack of  
24 communication between myself and Dr. Isaacs.

25 Q. Okay. I know during his deposition Dr. Isaacs



1 highlighted is it says, "Can we get a neuropsych eval  
2 asap?" Do you see that?

3 A. Yes, I see that.

4 Q. Okay.

5 MR. BAILEY: Bill, I'm just going to object  
6 because this was part of a larger document and it looks  
7 like it's taking one page out of that larger document.

8 Q. (By Mr. Pickett) Okay. Doctor, do you see  
9 where -- and it says -- it's signed off, I've  
10 highlighted "Katina," that's you, true?

11 A. True.

12 Q. Okay. Let me -- I'm -- what prompted you or do  
13 you recall asking for a neuropsych ASAP for Dr. Vorgias  
14 during any of your CARED Committee meetings?

15 A. I don't recall asking for a neuropsych eval  
16 specifically at one of the CARED Committee meetings.

17 Q. Do you recall asking for a neuropsych eval of  
18 Dr. Vorgias?

19 A. I don't recall asking for a neuropsych  
20 evaluation other than in this email. It is one of the  
21 tools that we have potentially for, as I stated earlier,  
22 assisting us with delineating problems within  
23 potential -- you know, sources of problems with  
24 residents experiencing difficulty in taking care of  
25 patients.



1 Q. Right. And did you ask for a neuropsych of  
2 Dr. Vorgias out of concern specifically for his taking  
3 care of patients?

4 A. I asked in this email for an evaluation because  
5 I was concerned about patient safety and the risk that  
6 Dr. Vorgias had upon our patients, specifically in the  
7 hospital setting at this time.

8 Q. And I understand patient safety is always a --  
9 is a very significant concern for all residency  
10 programs, true?

11 A. Yes, patient safety is our No. 1 -- one of our  
12 No. 1 top concerns.

13 Q. And my understanding is that one of the reasons  
14 the program -- and specifically, let's talk about, you  
15 know, Community Health of Central Washington or Central  
16 Washington Family Medicine, when I use those terms,  
17 they're all one in the same. One of the reasons there's  
18 a concern for patient safety is, in fact, because, to a  
19 certain degree, residents are learning, and as they  
20 learn, they do present some level of risk or danger to  
21 patients, true?

22 MR. BAILEY: Object to the form.

23 A. I don't actually agree with all of that  
24 statement. I agree that residents are learning, but I  
25 don't think that is inherently a risk to patient



1 safety --

2 Q. (By Mr. Pickett) Okay.

3 A. -- as a blanket statement.

4 Q. Yeah, and I wasn't trying to make a blanket  
5 statement or say it was inherent. But patient safety,  
6 as a general principle, is always a concern when you're  
7 training a new doctor, true?

8 A. True.

9 Q. And it's a concern because the reality is  
10 doctors are in the residency program because they don't  
11 know everything, they're actually learning to be  
12 hopefully good, competent, capable doctors, true?

13 MR. BAILEY: Objection. Argumentative.

14 Q. (By Mr. Pickett) Go ahead.

15 A. Residents are involved in residency programs in  
16 order to get board certifications, in order to provide  
17 high-quality, sympathetic, qualified patient care.

18 Q. Right. And you don't just turn residents loose  
19 on patients, right? True?

20 A. True. Residents are highly supervised.

21 Q. Highly supervised because -- because they're in  
22 the learning stage, you want to -- you want to be -- you  
23 want to protect patients from potential mistakes or  
24 errors that the residents may make while they're  
25 learning, true?





1 CARED Committee brainstorming -- I guess what you call a  
2 brainstorming manner, "Can we get a neuropsych eval  
3 asap?" And what did you mean by ASAP?

4 A. What I mean by ASAP is in the neuropsych world  
5 is not actually ASAP, as we discussed in the CARED  
6 Committee that that isn't really even a thing.

7 Q. Okay.

8 A. It takes greater than six months to get that  
9 sort of evaluation.

10 Q. Okay. It takes greater than roughly -- and this  
11 is your experience, based on your experience, it takes  
12 greater than six months to get a neuropsych evaluation  
13 completed; is that true?

14 A. Yes, in my very, very limited experience.

15 Q. Okay. So when you said ASAP -- and I know what  
16 it means, you know, I'm assuming it means as soon as  
17 possible -- but what you're trying to communicate there  
18 is let's get this done because it's going to --  
19 essentially, people who are in the know like yourself,  
20 if you know what I mean, know this is going to take some  
21 time; is that fair?

22 A. Actually, at this time, I don't believe that I  
23 knew it took six months to get the evaluation. I knew  
24 that this was one of the things I had heard discussed in  
25 the past and that this might be a tool that we could use



1 to help us or not with the difficulties we were  
2 experiencing with Dr. Vorgias. At that time, I did not  
3 know that it took six months because that wouldn't have  
4 been as urgent as what was necessary at the time for  
5 patient safety.

6 Q. Okay. And is there anything that prompted you  
7 to go from I think it takes -- your testimony earlier  
8 that it could take up to six months to now your  
9 testimony says I'm not sure, what prompted you?

10 MR. BAILEY: Objection. Confusing question.

11 Q. (By Mr. Pickett) Go ahead, Doctor.

12 A. Yes, will you state that question again? I  
13 think I know what you're asking but I'm not entirely  
14 sure.

15 Q. I'm just wondering if something prompted you to  
16 change your answer, right, or clarify your answer?

17 A. I believe I was clarifying my answer in that at  
18 the time of this email, I misunderstood that this was  
19 something that could happen quickly, there was another  
20 resident going through a process that I later found out  
21 it took six months. So now I know, as I'm giving the  
22 testimony today, that this actually wasn't a viable  
23 option at the time that I suggested this. Does that  
24 clarify what I was saying?

25 Q. So to be -- so let me see if I can clarify.





1 resident, can you tell me why the neuropsych was done on  
2 that particular resident?

3 MR. BAILEY: Objection. Lack of foundation.  
4 Calls for speculation.

5 A. With that particular resident, there were also  
6 some concerns about medical knowledge and being able to  
7 build upon previously-learned information, and the  
8 neuropsych eval was done to help us get any insight into  
9 that question that we had.

10 Q. (By Mr. Pickett) Okay. And is it fair to say  
11 that when the neuropsych eval is received, specifically  
12 in this instance on a resident where there appeared to  
13 be sort of a lack of medical knowledge, that you then,  
14 as the CARED Committee, utilize that information to see  
15 if there's some way to assist the resident in  
16 successfully performing in the program; is that fair?

17 MR. BAILEY: Objection. Assumes facts not in  
18 evidence.

19 A. The CARED Committee reviewed the document from  
20 the neuropsych and that was again one piece of  
21 information to help build an individualized learning  
22 plan for that particular resident.

23 Q. (By Mr. Pickett) And again, that's to assist  
24 the student identify, one, any impairments that could be  
25 affecting performance and then, two, try to do your best



## 1 C E R T I F I C A T E

2 STATE OF WASHINGTON )

3 COUNTY OF YAKIMA )

4

5 This is to certify that I, Dani White, Certified  
6 Court Reporter in and for the State of Washington,  
7 residing in Yakima, reported the within and foregoing  
8 deposition; said deposition being taken before me on the  
9 date herein set forth; that pursuant to RCW 5.28.010 the  
10 witness was first by me duly sworn; that said  
11 examination was taken by me in shorthand and thereafter  
12 under my supervision transcribed; and that same is a  
13 full, true, and correct record of the testimony of said  
14 witness, including all questions, answers, and  
15 objections, if any, of counsel.

16 I further certify that I am not a relative or  
17 employee or attorney or counsel of any of the parties,  
18 nor am I financially interested in the outcome of the  
19 cause.


20 IN WITNESS WHEREOF I have set my hand this 17  
21 day of November, 2021.

22

23

24

25

  
DANI WHITE  
CCR NO. 3352



**Email for Pre-reading for CARED  
Committee Meeting 2/13/19  
RE: Dr. Rue request for neuropsych  
eval.**



**EXHIBIT 10**

**000059**

**Email in Response from Katina Rue:**

I was on this week with him. Dom did in fact stay all day with him at least twice. He did not improve.

He took 2.5 hours to discharge a patient, after we discussed the patient. This was a total of 5 hours for a patient who he admitted the evening before. The care of multiple other patients was affected.

I agree with Carlin that he is a detriment to the team and is a risk as far as patient safety. I do not feel comfortable with him communicating accurate information to me, to consultants, nursing staff or families. This potentially effects patient care in a negative way. I would urge u to remove him from the service. Dom is not an ongoing solution and he is missing out on his own educational opportunities.

I really hoped he would have had some improvement this week, but I didn't see any. He is not meeting the requirements of the ILP. He has not been proactive in any sense...although he told me he was practicing his one liners at home. This was not evident. We literally took 15 minutes to present a one liner on one of his patients on Friday. He doesn't seem to incorporate realtime feedback in any meaningful way.

**Can we get a neuropsych eval asap?**

Again, I would favor removing him from the service and getting an evaluation. Currently, I just don't think he can do this.

**Katina**

**EXHIBIT 10**

**000060**